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South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street Suite 3, Spearfish, SD 57783
(605) 642-1388; FAX: 642-1389; www.STATE.SD.US/DOH/NURSING

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for Re-Approval of Training Program

Medication administration may be delegated only to those Individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to the Spearfish BON address or fax above.

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mail Address of Faculty: 1UNC COOd-	All Cour	or procha	c good-sam. co	M		-	
Request re-approval using the followin records using the Enrolled Student: Log form: 2011 SD Community Mental Health Factor Gauwitz Textbook - Administering Median Mosby's Textbook for Medication Assistan Nebraska Health Care Association (2010) We Care Online List faculty and licensure information:	m. Illties (only app <u>lcations: Pharr</u> Ints, Sorrentin D) (NHCA)	roved for agencies o <u>macology for Healt</u> o & Remmert (200	ertified through the Dep <u>h Careers,</u> Gauwitz (1 9)	partment of S 2009)	iocial Serv	vices)	
List faculty and licensure information: clinical RN experience, and 2) attach a new	Curriculum A	pplication Form ide	entifying areas of tea RN LICENSE	vith evidence ching.	e of min	imum	
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